

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	9/621565	FILING DATE
APPLICANT(S)		

5/9/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.					5	
TOTAL DEP.					35	
TOTAL CLAIMS					40	

TOTAL IND.	5
TOTAL DEP.	35
TOTAL CLAIMS	40

BEST AVAILABLE COPY